DOCUMENT RESUME

ED 130 729 JC 760 610

AUTHOR Trani, Gilberta M.
TITLE An Examination of the Role of the Director of Allied Health Programs in the Governance of a Community College.
PUB DATE 1 Dec 74
NOTE 57p.; Ed.D. Practicum, Nova University

EDRS PRICE MF-$0.83 HC-$3.50 Plus Postage.
DESCRIPTORS *Administrator Responsibility; Community Colleges; *Department Directors (School); *Health Occupations Education; Health Personnel; *Junior Colleges; *Organization; Questionnaires; Surveys; Task Analysis

ABSTRACT

A questionnaire was sent to a sample of directors of Allied Health programs in seventy-two community colleges accredited by Middle Atlantic States in order to ascertain the organizational pattern of community colleges offering Allied Health programs and to analyze the responsibilities of directors of these programs. A response rate of 52% was achieved. Data obtained included information on the respondents' academic background, placement of the Allied Health program within the colleges' organizational structure, number of departments within the Allied Health program, and the teaching and administrative responsibilities of the program directors. Major findings included: (1) the directors of Allied Health programs were not officially designated as administrators in community colleges; (2) the directors shared administrative responsibilities with staff and supervisors; and (3) the directors, in 42% of the responding colleges, were responsible for a separate division within the college. Establishment of Allied Health programs as separate divisions, and official recognition of the directors' administrative responsibilities by central administration, were recommended. Tabular survey data are included and the survey instrument is appended. (Author/JDS)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED130729

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

AN EXAMINATION OF THE ROLE OF THE DIRECTOR OF ALLIED HEALTH PROGRAMS IN THE GOVERNANCE OF A COMMUNITY COLLEGE

by

Gilberta M. Trani

Delaware County Community College

A PROJECT PRESENTED TO NOVA UNIVERSITY

IN PARTIAL FULFILMENT FOR THE REQUIREMENTS FOR THE

DEGREE OF DOCTOR OF EDUCATION

NOVA UNIVERSITY

DECEMBER 1, 1974

JC 760 610

TABLE OF CONTENTS

		PAGE
I.	THE TITLE	1
II.	THE STATEMENT OF THE PROBLEM	1
III.	THE HYPOTHESIS	2
IV.	BACKGROUND AND SIGNIFICANCE OF THE PROBLEM	3
V.	DEFINITION OF TERMS	14
VI.	LIMITATIONS OF THE STUDY	17
VII.	BASIC ASSUMPTIONS	18
VIII.	PROCEDURES FOR COLLECTING DATA	19
IX.	PROCEDURES FOR TREATING DATA	22
X.	CONCLUSION AND SIGNIFICANCE	39
XI.	RECOMMENDATIONS	41
XII.	BIBLIOGRAPHY	42

LIST OF TABLES

TABLE		PAGE
I.	Number and Percentage of Usable Questionnaires Returned by Directors of Allied Health Programs in Community Colleges Accredited By Middle Atlantic States, Massachusetts and Virginia.	20
II.	Academic Disciplines and Highest Earned Degree of Directors of Allied Health Programs in Community Colleges Accredited By Middle Atlantic States, Massachusetts and Virginia.	23
III.	Allied Health Programs and Placement in Organizational Structure of Community Colleges Accredited By Middle Atlantic States and Massachusetts and Virginia.	23
IV.	Director of Allied Health Programs And Officers To Whom Responsible.	24
V.	Number and Percentage of Programs For Which Responsible By Type of Program.	25
VI.	Number of Departments For Which Responsible By Number and Percentage of Directors Assuming Responsibility.	26
VII.	Number of Persons For Whom Responsible By Number And Percentage of Directors Assuming Responsibility.	26
VIII.	Decision Making Responsibility.	29
IX.	Programming Responsibility.	31
X.	Coordinating Responsibility.	34
XI.	Stimulating Responsibility.	36
XII.	Appraising Responsibility.	37
XIII.	Responsibility Of Community College Allied Health Program Directors By Administrative Process Category.	38

LIST OF FIGURES

FIGURE		PAGE
1.	Comparison of Number of Respondents Teaching Three, Six and Nine Credit Hours, Respectively.	27
2.	Comparison of Number of Respondents Under Ten And Twelve Month Contract, Respectively.	28

I. THE TITLE

An examination of the role of the Director of Allied Health Programs in the governance of a community college.

II. THE STATEMENT OF THE PROBLEM

Does the Director of Allied Health Programs function primarily as a teacher or as an administrator?

Does the Director of Allied Health Programs' have delegated authority commensorate with responsibility?

Does the job description of the Director of Allied Health Programs identify responsibilities expected of an administrator?

Is the Director of Allied Health Programs responsible for a separate division for Allied Health Programs within the college?

III. THE HYPOTHESIS

1. The Director of Allied Health Programs functions primarily as an administrator.

2. The Director of Allied Health Programs is delegated authority commensorate with responsibility.

3. The job description for the Director of Allied Health Programs does identify responsibilities expected of an administrator.

4. The Director of Allied Health is responsible for a separate division for Allied Health Programs within the college.

IV. BACKGROUND AND SIGNIFICANCE OF THE PROBLEM

All Americans should have access to health care as well as information on preventive health care. The education of health workers at the community college level should be re-examined. A balance must be found between the demand for health care services and the educative needs of health workers who will provide these services. The public is demanding increased cost consciousness in regional, state and federal health programs - an area which calls for particular scrutiny is the educational structure in which individuals for health occupations are prepared.

There is need for interdisciplinary collaboration among health workers to eliminate gaps and overlaps in service and bring about better use of health manpower. Better integration in the educational process for health practitioners and greater mobility among the health occupations vertically and horizontally could positively affect the delivery of health care. At Delaware County Community College, Allied Health has been part of the Natural and Applied Science House. There are three Houses in the College, Natural and Applied Science, Business and Social Science, and Communications and Humanities. The responsibility for the nursing program and the respiratory therapy program was assigned to the Coordinator of Allied Health Programs. In addition to coordinator responsibilities (administrative) the coordinator was contracted to teach a minimum of six (6) credit hours each academic year. Recently, there was a

reorganization of the college in which the position of coordinator was abolished. However, the Coordinator of Allied Health Programs was made Director of Allied Health Programs and contracted to teach six (6) credit hours for the academic year. At that time, it was mutually agreed upon by the Vice President of Instructional Affairs, Associate Dean of Natural and Applied Science House, the Director of Allied Health Programs and with the approval of the Allied Health faculty that unofficially, the Allied Health Programs would function as a House.

In community colleges, there are several organizational arrangements for the allied health programs such as departments, divisions, or clusters. Titles used include Health Sciences, Health Technologies, Health Occupations, Health Services as well as Allied Health.

Helen Burnside (1973) offers six (6) reasons for supporting a structural arrangement such as a division, a department, etc., of health sciences.

1. It would facilitate interdisciplinary development of core courses.

2. It would facilitate career mobility and exploration; students in core courses would learn about the various occupational demands and expectations and thus could more easily decide on which health occupation to enter. It would also permit lateral mobility. A student could choose one health occupation at one time and change to another later.

3. It would avoid overlap of information and thereby increase curriculum economy and efficiency.

4. It would facilitate team approaches to health care. When students in the different disciplines are taught

together, they can better understand the responsibilities of other health workers. Understanding leads to more acceptance and less hostility.

5. It would improve interagency relations. Arrangements with agencies could be made by program directors in a coordinated way, thereby saving time for agency personnel. It could also prevent duplication and overlap of student's schedules and make relationships with agencies somewhat more harmonious.

6. It would favor contract arrangements. The use of similar contracts with the same nomenclature is less confusing for clinical agencies, thereby saving time and money.

The impetus for organizing health curricula into a separate organizational structure for allied health occurred when in 1967, thirteen deans or directors of programs in allied health in colleges and universities met to assess ways in which they could profit from coordination and communication among their institutions and themselves. The group formed the Association of Schools of Allied Health Professions. By 1970, 22 colleges and universities were institutional members of the organization with full qualifications of a separate organizational structure for allied health. Forty-eight (48) other university programs had declared their intentions of forming such educational structures.

The four philosophical concepts basic to developing a separate organizational structure for allied health within the college were identified by Perry (1970) to be:

1. Of primary importance to the development of an allied health program is the assumption that within the academic structure, each individual profession has the opportunity and challenge to develop its program to the maximum level possible. The academic integrity of each profession is assured with the responsibility for

change and growth in the hands of the faculty and clinical members of each profession.

2. Through coordination and communication among these health professions there will be maximum benefits in curriculum development, faculty enrichment, combined research effort and student recognition of mutual respect for all other health professions.

3. Administration and fiscal security may be assured through an educational structure that gains its effectiveness through coordinated action and its strength through numbers. University budget programs, as well as federal and state programs and private foundations, can respond to the concerted requests and needs of several programs in a uniquely different way than attempting to respond to the separate requests of programs that are functioning in an unrelated fashion.

4. Such educational structures provide a college or university with an organizational entity that will be a suitable locus for the initiation of new health programs.

Recognizing that this new kind of educational structure had many advantages, a number of community colleges throughout the United States developed such new structures for allied health programs.

In some of the two-year institutions and associate degree programs it has been found that all of the health-related curricula, including nursing and the allied health curricula can be included within one framework. Thus, directors, or in some cases, asociate deans for allied health are being appointed in junior colleges.

Koehnline and Blocker (1970) writing about the Division Chairman in the community college relates that:

> "the division as it exists in the community junior college is a wider and more diversified entity than the traditional department, and serves to decrease faculty separation and programmatic polarities.

Lombardi (1974) believes that departments or divisions will continue to be the most common organizational structure in the community college.

Pierce (1971) aptly remarks that:

> "The evolution of the community junior college has been marked by many breaks with tradition. One change is academic division over traditional departmental grouping of subject matter disciplines. Division combines subject matter discipline of two or more related departments, for example, biology, chemistry, physics and mathematics."

According to Koehnline and Blocker (1970) for most community colleges, the most effective operational units are divisions:

> "The academic division in a community college is larger and more diversified than a traditional department. The divisions will include both "pure" and "applied" courses. For example, one division may include mathematics and the physical sciences-which are service courses generally transferable to senior institutions - and the highly specialized two-year programs in the engineering technologies. This same division would logically include the pre-engineering transfer courses (orientation, engineering, graphics, statics, and dynamics). Another division would include both the transfer and the career-oriented course, and programs related to business. In addition to accounting, business management, business administration, office skills, and secretarial science, such a division would also include courses and programs in data processing, retailing and such specialized management programs as hospitality food service and hospital unit management.

> Two other divisions will complete the illustration. These are in the broad areas of communication and the arts, and of the related fields of life sciences, health services, and physical education. The first of these includes English and other modern languages, journalism, speech, theater, broadcasting, and both appreciation and studio courses in art and music. The second includes biology and hygiene, nursing and medical technology, physical education activity courses, and recreational leadership.

Koehnline and Blocker (1970) state that the division chairman should be thought of as the chief administrator of a division, just as the dean is properly regarded as the chief administrator of a part of an institution.

A combination of rapid student enrollment and subject matter specialization during the past twenty years have caused central administration to rely upon decentralized units. James O'Grady (1971) asserts that:

> "authority in American college and university governance has been decentralized . . . . . .
>
> Departments have become sources of specialized information allowing for the exercising of initiative and the making of decisions. The department chairman, as spokesman for his department, has become a key academic and administrative officer . . . . . .
>
> A lack of definition of administrative roles under the dean appears to be a problem in the proper decentralization of two-year institutions . . . . . Although the departmental chairman is presumed to handle many of the day-to-day activities of the college, there is a scarcity of information about his specific role within the two-year college framework, his method of selection, and his term of office."

Richardson points out that if a trend is discernable, it is in the direction of greater power for department chairmen.

There is little information available on the role of the departmental chairmen and none on the role of the director of allied health programs. Since research is not available on the proper function of the director, the need to systematically assess and define this role rather than leaving it to chance is critical.

A division of Allied Health or Health Sciences would provide opportunity to develop core courses for the health curricula. The common elements of nursing and allied health occupations could be analyzed. There is a need to develop meaningful courses and curricula that will bring students with different, yet similar goals into an opportunity to study together in much the same ways in which they will be expected to work together in their future employment. Technically related courses such as microbiology, chemistry, speech, instrumentation, physics and liberal arts can be taken by students from several health career program clusters and advance the student's potential for career mobility.

This type of structure will provide the career mobility both vertically and horizontally. It will enable the student to move from one level to another, or to transfer between health professions and occupations without loss of credit. In addition, it expedites the development of equivalency testing by which practical experience of various categories of health workers can be translated into academic credit toward degrees.

Cognizance of both the external and internal factors affecting the quality and quantity of health curricula is a major concern of the director of allied health programs in a college. These factors are best understood by an individual basically prepared in one of the several health professions.

External factors affecting allied health programs are different from the factors associated with the establishment of most collegiate programs. A characteristic which differentiates health career educational programs from the more traditional collegiate curriculum is the degree to which the program's success is dependent upon people and agencies external to the college itself. Health programs are dependent upon local hospital and health agencies to provide adequate opportunities for clinical practice.

The director must understand the state's plans for the education of health professionals and how the new health job will be utilized in the health care delivery system.

Relationships with state licensing agencies and national certification boards is crucial to the success of health programs. It is essential that administrators of collegiate allied health programs be thoroughly familiar with the criteria.

Another external relationship of great importance is the relationship with other collegiate programs. The problem of articulation between community college programs, baccalaureate

programs and graduate is not easy, particularly regarding transfer of credit. The director of allied health programs will need to invest considerable time and effort in external relations as well as face internal problems.

An internal problem of paramount concern is the expense of allied health programs. A disproportionate amount of money per student for a socially necessary purpose is a dilemma that must be faced by each college administrator. The difficult choice between investing a large amount of money in a relatively small number of allied health students or investing it in a larger number of students in one of the less expensive (every other program on campus will be less expensive) programs is a challenging one for administrators.

There is a need for a tremendous amount of day-to-day planning. The faculty and allied health director must be able to work in unision with staff of the affiliating agency. An appropriate amount of time and effort must be invested in cultivating and maintaining relationships with the clinical agencies or the relationship can easily disintegrate.

Decentralization of effort permits those most concerned with detail to have the full authority to decide upon the detail within the broad limits set by those who represent broader institutional interest.

It permits those most committed to the division to put more

time into the work with which they are most concerned than if all policies and programs had to be cleared with higher authorities. The leaders of the smaller units thus have greater freedom to do their work in the ways they judge best than if their plans had to be approved by further councils or administrators.

The responsibilities or duties of the director of allied health programs is most similar to that of division or house chairman. The role of the director of allied health is similar to that described by Pierce (1971).

> "... wholly or partially responsible for general divisional administration, faculty leadership, professional and non-professional staffing, curricular offerings and revision, and the divisional instructional program ... officially designed as teachers, ... recommend faculty hiring, retention, salaries, promotion, tenure and the size of the budget."

Additionally, the director of allied health programs has task involvement similar to that identified by Pierce (1971). Areas of high task involvement by the chairman of the divisions identified were:

1. Preparing the annual divisional report.
2. Course revision and development.
3. Course scheduling.
4. Interviewing prospective faculty.
5. Evaluating instruction.
6. Hiring parttime faculty.
7. Preparing the divisional budget.
8. Helping select texts and library materials.
9. Maintaining supply and equipment inventories.
10. Assigning faculty teaching loads.
11. Divisional correspondence.
12. Articulating courses with four year institutions.
13. Setting policies and objectives of the division.
14. Conducting divisional meetings.

The Natural and Applied Science House was organized with four informal internal subunits headed by a fulltime ten-month contract member from mathematics, engineering, biology and chemistry and an allied health program coordinator who had a twelve-month contract. Ultimate authority resided in the house chairman. In August, the Coordinator of Allied Health Programs was made the Director and the Allied Health Programs were unofficially separated from the Natural and Applied Science House and that of one specific component; namely, the Allied Health Programs.

The relevancy of analyzing the role of the director of allied health programs in the governance of the college was discussed with Mr. Ted Quimby, Vice President for Instructional Affairs. This study would identify the administrative responsibility of the director of allied health programs and lend support to the continued separation of these programs from the Natural and Applied Science House.

V. DEFINITION OF TERMS

The major terms which require definitions are summarized as follows:

Administration:

The total of the processes through which appropriate human and material resources are made available and made effective for accomplishing the purpose of an organization.

Administrative Process:

The way an organizational group makes decisions and takes action to achieve its goal.

Allied Health Programs:

Allied Health manpower, when used broadly, covers all those professional, technical and supportive workers in the fields of patient care, community health, public health, environmental health, and related research who engage in activities that support, complement, or supplement the professional functions of administrators and practitioners.

Titles of the most prevalent programs include Associate Degree Nurse, Medical Office Assistant, Medical Laboratory Assistant, Practical Nurse, Radiologic Technician and Respiratory Therapist.

Additional programs include Medical Emergency Technician, Biomedical Engineering Technician, Operating Room Technician and Occupational Therapy Assistant.

Appraising:

A process whereby the effectiveness of the total organization and each of its parts are determined.

Coordinating

Bringing into appropriate relationships people and things necessary for the organization to achieve its purpose.

Decision-Making:

Involves making a conscious choice or selection of one behavior alternative from among a group of two or more behavior alternatives.

Delegation of Authority:

The division and sharing of responsibility.

Department:

Organizational identification for a part of the organization which is established as an entity, or in which related operations and performances are executed.

Division:

The organizational structure which includes more than two departments.

Programming:

Implementing a decision.

Responsibility:

Accountability for performance of duties.

Stimulating:

Executive function of guiding and overseeing subordinates.

VI. LIMITATIONS OF THE STUDY

The following have been identified as the major limitations of the study:

1. The size of the sample is limited due to the time element.

2. All community colleges do not have job descriptions for the position of Director of Allied Health Programs.

3. The Director of Allied Health Programs will have diverse academic backgrounds.

VII. BASIC ASSUMPTIONS

For purposes of this study, it will be assumed that:

1. The Director of Allied Health Programs is in a middle management position.

2. Allied Health Programs of respondents are representative of those as defined in "Definition of Terms."

3. Cluster, division and department will be used interchangeably in defining the area of administrative control of the Director of Allied Health Programs.

4. Job descriptions submitted reflect the responsibilities assumed by the Director of Allied Health Programs.

5. Broad divisional structure is the soundest basis for organizing the instructional program and staff in the community college.

VIII. PROCEDURE FOR COLLECTING DATA

The seventy-two subjects used in this study were Directors of Allied Health Departments in public and private junior colleges accredited by Middle States Association of Colleges and Secondary Schools: Delaware, District of Columbia, Maryland, New Jersey, New York and Pennsylvania and in additional colleges in Massachusetts and Virginia. Junior or community colleges holding regional accreditation as identified in the 1973 Junior College Directory.

The sources of data for this study were job descriptions submitted by participants in the study and a questionnaire specifically designed for the study. Job descriptions were requested as a means of supplementing the data presented in the questionnaire. The purpose of the questionnaire was to obtain information from the participants regarding their roles as Directors of Allied Health Programs in Community Colleges. A questionnaire was constructed which would elicit information from the respondents in areas such as academic preparation and experience, the college's organizational structure, authority and areas of command, departmental responsibility, teaching, and administrative responsibilities.

The questionnaire evolved through several stages following discussion with colleagues and Dr. Kenneth E. Varcoe, the cluster coordinator. The title, problem, purpose, and design of the practicum were stated. These formed the basis for the format and

content of the questionnaire. The first form of the questionnaire, a structured (i.e., forced choice) type, was pretested on contemporaties and accordingly revised. (Appendix A).

The questionnaire was a four page, nine item questionnaire consisting of open-end and closed-end questions. The first eight questions were open-end providing opportunity for varied responses. The areas covered by the first eight items in the questionnaire were institutional data, personal data, organizational structure and teaching and administrative responsibility. The ninth area was composed of thirty-seven items to identify the respondents' responsibility administratively for decision-making, programming, coordinating, motivating, and appraising.

The questionnaires were mailed in October, 1974 to Directors of seventy-four community colleges (Appendix C). Table I indicates the number of questionnaires mailed to colleges in the

TABLE I

NUMBER AND PERCENTAGE OF USABLE QUESTIONNAIRES RETURNED BY DIRECTORS OF ALLIED HEALTH PROGRAMS IN COMMUNITY COLLEGES ACCREDITED BY MIDDLE ATLANTIC STATES, MASSACHUSETTS AND VIRGINIA

State	Questionnaires Mailed	Questionnaires Returned	Percent Usable	Percent Not Usable
Connecticut	4	3	50	25
Delaware	1	1	100	-
Maryland	11	7	54	9
Massachusetts	16	6	31	6
New Jersey	12	5	41	-
New York	19	8	40	10
Pennsylvania	9	8	88	-
Virginia	2	0	-	-

Middle Atlantic States, Massachusetts and Virginia and the usable returns by number and percentage. This mailing included one copy of the questionnaire, a cover letter (Appendix B), and a stamped self-addressed return envelope.

On November 15, 1974, thirty-nine (fifty-two per cent) of the questionnaires had been returned. The highest rate of return was from Pennsylvania. Of these, seven respondents had returned job descriptions. Follow-up letters were not mailed due to the time factor involved in completing the study. One questionnaire was returned too late to be tabulated. The identifiable respondents are listed in Appendix D.

IX. PROCEDURE FOR TREATING DATA

As each usable questionnaire was returned, the institution represented was checked on a master sheet. The data from the thirty-three questionnaires were read, and tabulated on tally sheets according to the nine areas surveyed.

Seven of the respondents earned a Ph.D.. The discipline included Education, Chemistry, Botany, Biology and Biological Science. Twenty-five of the respondents had earned Master's Degrees. The disciplines included Education, Romance Languages, Counseling and Guidance, Physiology, Teaching in Associate Degree Programs, Nursing, Nursing Administration, Physiotherapy, Curriculum Development, Administration, Public Health, Medical Education and Nursing Administration. One respondent had an earned baccalaureate in Biology.

Table II indicates that seven or twenty-one per cent of the respondents had earned a doctorate, seventy-five per cent had earned a masters and three per cent held a bachelor's degree. Twenty-eight per cent held an earned masters in Nursing and twenty-seven per cent held a masters in Education.

TABLE II

ACADEMIC DISCIPLINES AND HIGHEST EARNED DEGREE OF DIRECTORS OF ALLIED HEALTH PROGRAMS IN COMMUNITY COLLEGES ACCREDITED BY MIDDLE ATLANTIC STATES, MASSACHUSETTS AND VIRGINIA

	Highest Degree Earned							
	Bachelor's		Master's		Doctorate		Total	
Discipline	No.	%	No.	%	No.	%	No.	%
Biology	1	3					1	3
Education			9	27			9	27
Nursing			7	21			7	21
Miscellaneous	—	—	9	27	7	21	16	48
Total Degrees	1	3	25	75	7	21	33	99

Table III indicates that forty-two per cent of the Allied Health Programs were a separate division; eighteen per cent were a department within the Natural and Applied Science Division; ten per cent were a department within the Division of Life Sciences; three per cent were a department with the Division of Professional Studies and twenty-seven per cent were organized in other ways.

TABLE III

ALLIED HEALTH PROGRAMS AND PLACEMENT IN ORGANIZATIONAL STRUCTURE OF COMMUNITY COLLEGES ACCREDITED BY MIDDLE ATLANTIC STATES AND MASSACHUSETTS AND VIRGNIA

Organizational Structure	Number	Percentage
Separate Division	14	42
Department Within Natural and Applied Science Division	6	18
Department Within Division of Life Sciences	3	10
Department Within Division of Professional Studies	1	3
Others	9	27
Total	33	100

Directors of Allied Health Programs are most frequently responsible to a Dean as indicated in Table IV.

TABLE IV

DIRECTOR OF ALLIED HEALTH PROGRAMS
AND OFFICER TO WHOM RESPONSIBLE

Officer To Whom Reporting	Number	Percentage
President	2	6
Vice President	4	12
Dean	23	69
Associate Dean	1	3
Other	3	9
Total	33	100

Directors of Allied Health Programs conduct a total of one hundred and twelve programs. Twenty-two colleges conducted two or more programs. Table V indicates the programs conducted by order of frequency in the thirty-three participating colleges.

TABLE V

NUMBER AND PERCENTAGE OF PROGRAMS FOR WHICH RESPONSIBLE BY TYPE AND PROGRAM

Type of Program	Program	Percentage
Associate Degree Nursing	30	27
Medical Laboratory Technician	13	11
Respiratory Therapy	11	9
Dental Assistant	10	9
Radiologic Technology	8	7
Dental Hygenist	6	5
Medical Office Assistant	5	4
Occupational Therapy Technician	4	4
Practical Nursing	3	3
Mental Health Assistant	3	3
Operating Room Technician	2	2
Medical Records Assistant	2	2
Nuclear Medicine Assistant	2	2
Emergency Medical Technician	2	2
Miscellaneous	13	11
Total	112	100

Fifteen respondents were responsible for one or two programs; seven were responsible for three or four programs; five were responsible for five to six, four were responsible for seven to eight and two were responsible for eight or more. Table VI indicates the number of departments for whom the director was responsible by number and percentage of respondents assigned that responsibility.

TABLE VI

NUMBER OF DEPARTMENTS FOR WHICH RESPONSIBLY BY
NUMBER AND PERCENTAGE OF DIRECTORS ASSUMING RESPONSIBILITY

Number of Departments	Directors Assuming Responsibility Number	Percentage
1 - 2	15	45
3 - 4	7	21
5 - 6	5	15
7 - 8	4	12
8 or more	2	6
Total	33	100

Table VII indicates the number of persons for whom the director is responsible by number and percentage of respondents assigned responsibility.

TABLE VII

NUMBER OF PERSONS FOR WHOM RESPONSIBLE BY
NUMBER AND PERCENTAGE OF DIRECTORS ASSUMING RESPONSIBILITY

Number Of Persons For Whom Responsible	Directors Assuming Responsibility Number	Percentage
1 - 5	1	3
6 - 10	9	27
11 - 15	4	12
16 - 20	5	15
21 - 25	5	15
26 - 30	2	6
31 - 35	0	0
36 - 40	3	9
41 - 45	4	12
Total	33	100

Nineteen of the respondents were required to teach; fourteen were not. The greatest number of respondents answering "yes" to requirement to teach, were assigned to teach three credit hours most frequently as illustrated in Figure 1.

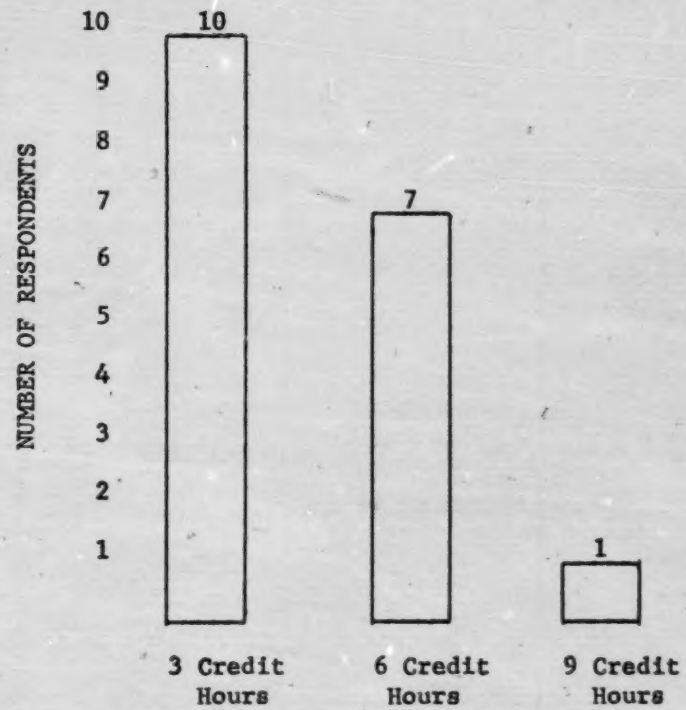


Figure 1. Comparison of number of respondents teaching 3, 6, and 9 credit hours.

The greatest number of respondents were under a twelve month contract as illustrated in Figure 2.

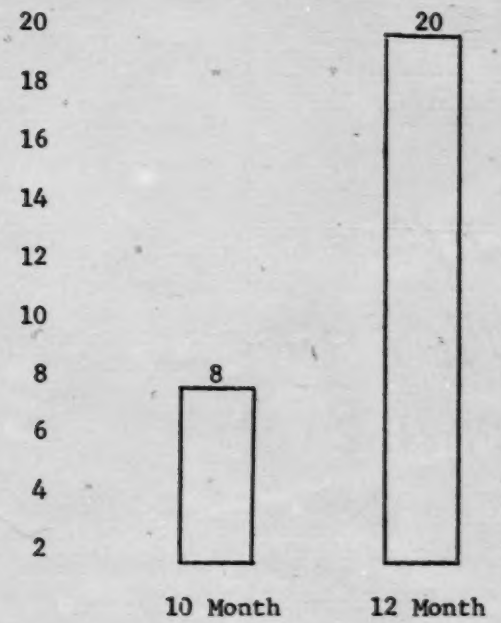


Figure 2. Comparison of number of respondents under ten and twelve month contract.

In each of the thirty-seven items, the respondents were requested to choose the response which most accurately described their job responsibility. Each item was tabulated to identify the respondents' responsibility for decision making, programming, coordinating, stimulating and appraising. Seven items focused upon decision making; twelve upon programming; eight upon coordinating activities, four upon motivating and six upon appraising. There was some overlapping.

Those responsibilities which involve making a conscious choice or selection of one behavior alternative from among a group of one or more behavior alternatives are tabulated under decision making. Table VIII lists by order of frequency of response the sub category for which the respondents assumed total responsibility.

TABLE VIII

DECISION MAKING RESPONSIBILITY

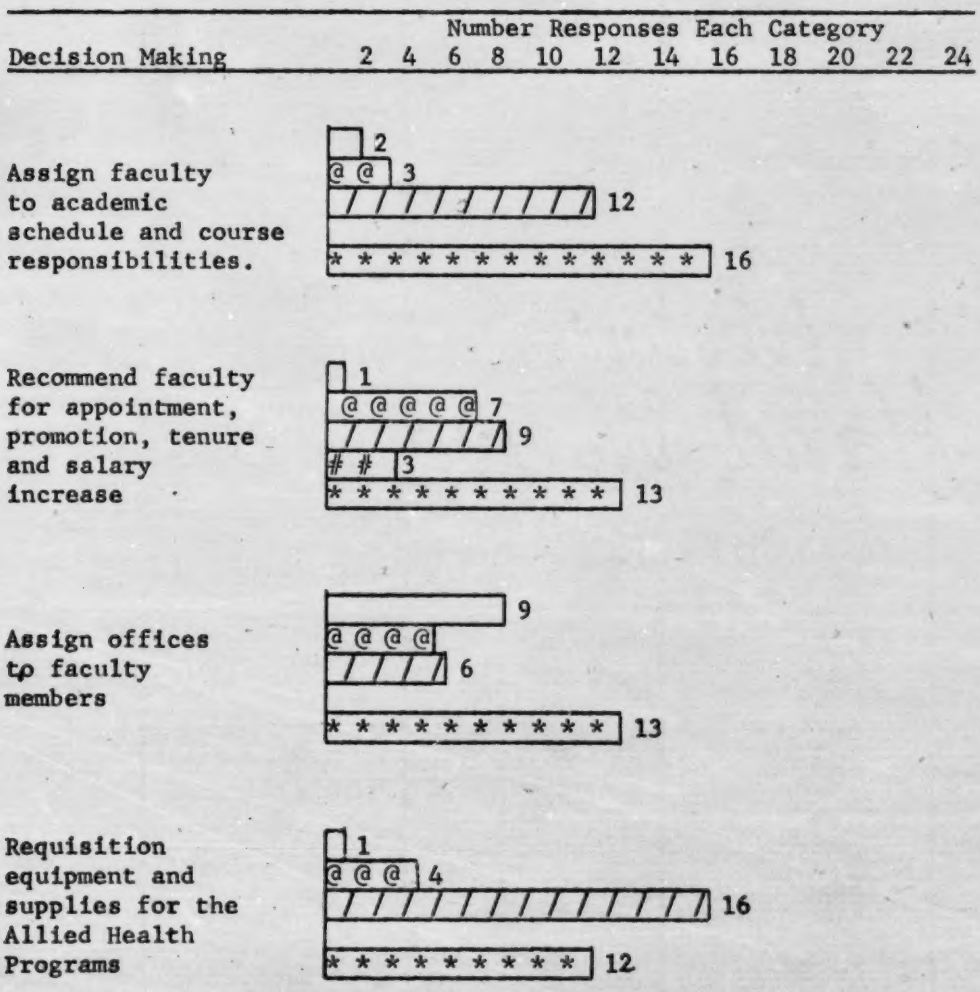
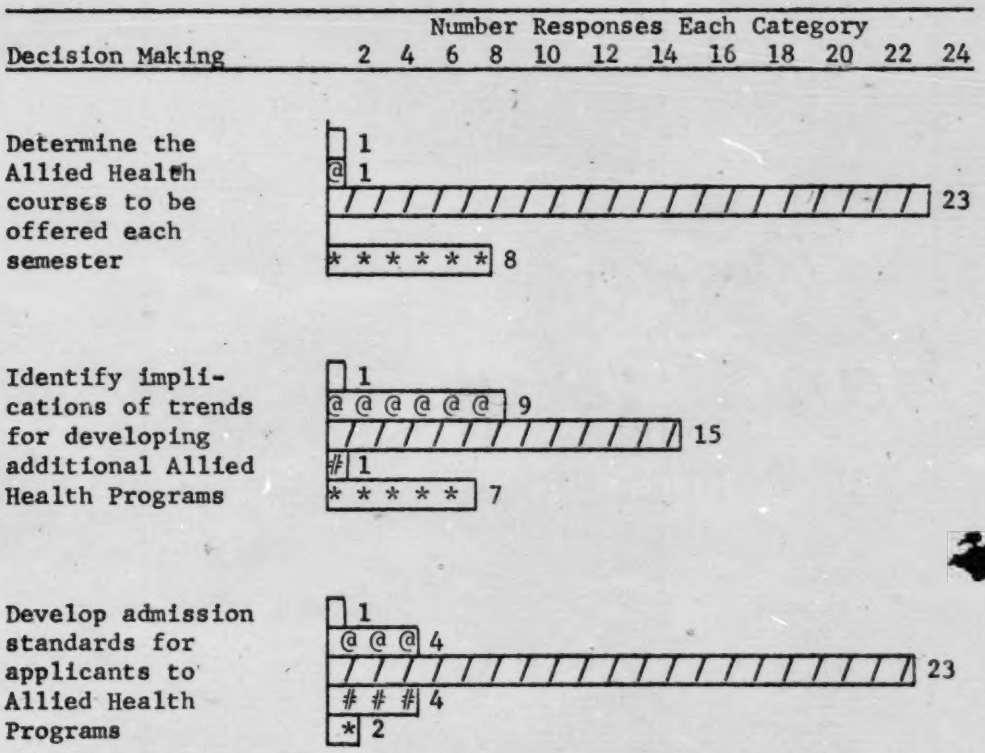


TABLE VIII (Cont'd.)

DECISION MAKING RESPONSIBILITY



Key:
- Not Responsible
- Shared Responsibility - Superior
- Shared Responsibility - Staff
- Makes Recommendations Only
- Assumes Total Responsibility

Responsibilities of Directors of Allied Health Programs which involve implementing a decision was tabulated under programming. Table IX lists by order of frequency of response the sub-category for which the respondents assumed total responsibility.

TABLE IX

PROGRAMMING RESPONSIBILITY

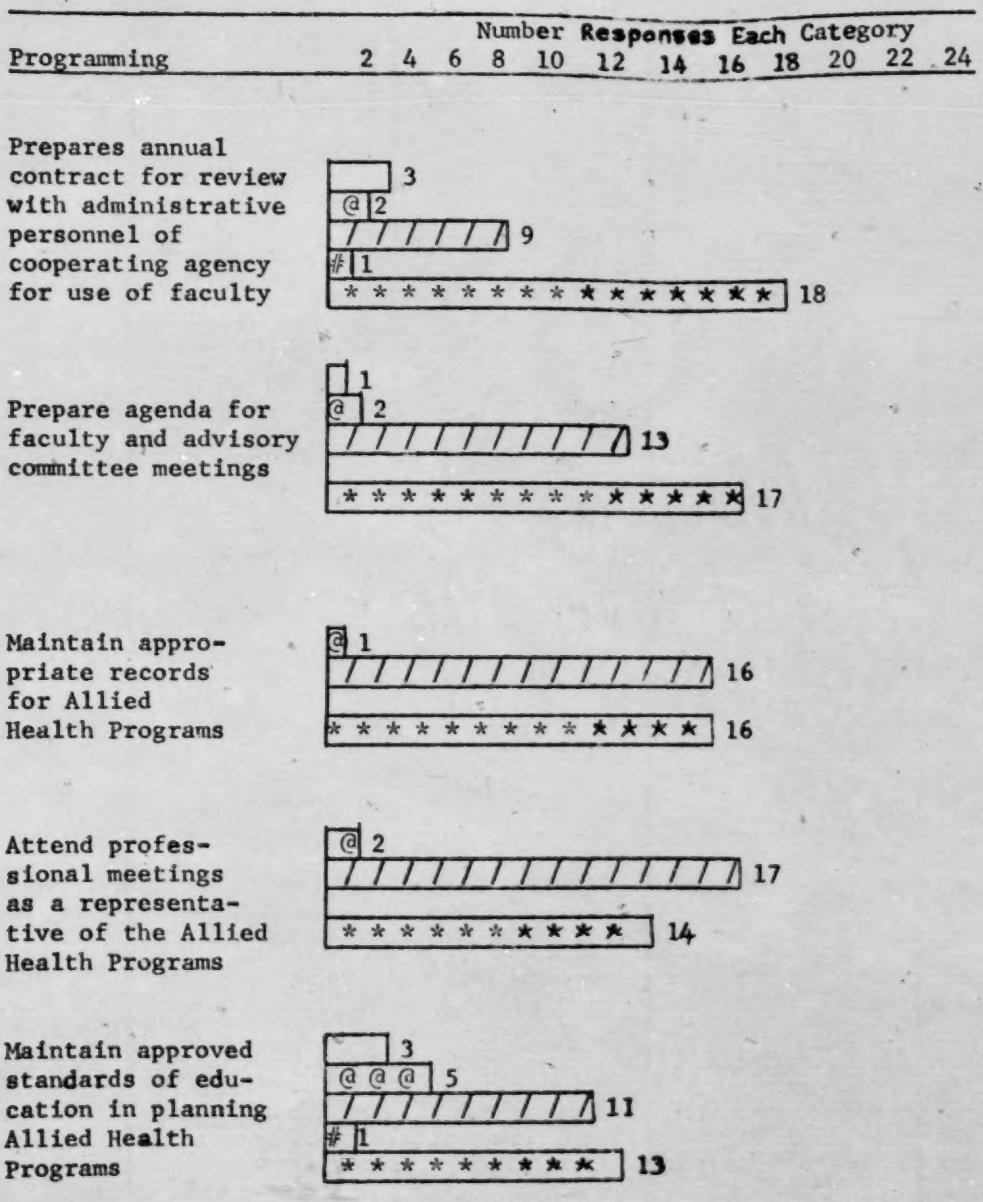


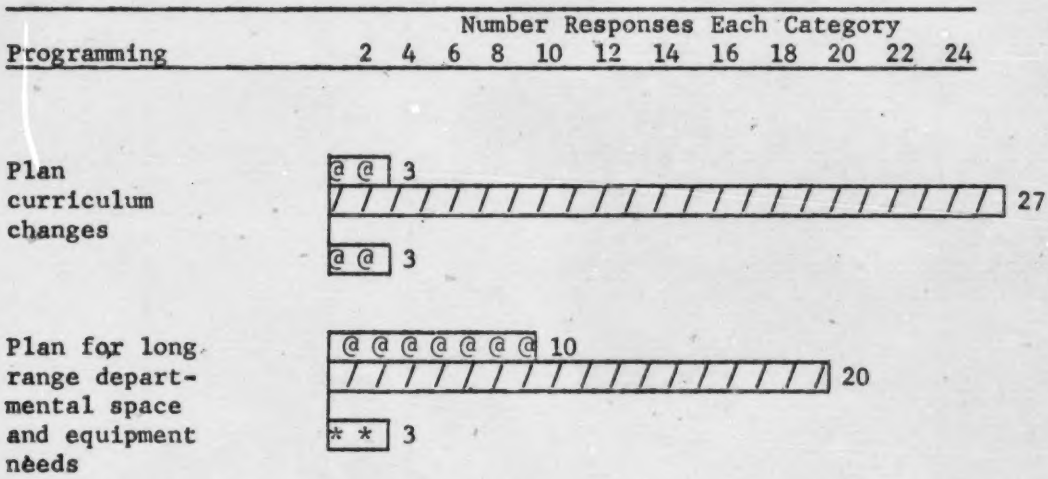
TABLE IX (Cont'd.)

PROGRAMMING RESPONSIBILITY

Programming	Number Responses Each Category 2 4 6 8 10 12 14 16 18 20 22 24
Write Allied Health Program grant proposals to participate in state and federal funding	5 @ @ @ 4 / / / / / / / / / / 11 * * * * * * * * * * * 13
Prepare annual progress reports of Allied Health Programs for college and licensing agencies	@ @ 3 / / / / / / / / / / / / / / / / / 17 * * * * * * * * * * * 13
Arrange affiliations with other educational agencies and health institutions for educational experiences	1 @ 2 / / / / / / / / / / / / / / / / 16 # 2 * * * * * * * * * 12
Maintain quality of instruction for Allied Health Program Curricula	4 @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ 19 / 1 * * * * * * * * * * 9
Submit budgetary requirements for Allied Health Programs to the central administration	@ @ @ @ 6 / / / / / / / / / / / / / / / 15 # # 3 * * * * * 9

TABLE IX (Cont'd.)

PROGRAMMING RESPONSIBILITY



Responsibilities of respondents which bring into appropriate relationships personnel and materials necessary for the organization to achieve its purpose are tabulated under coordinating. Table X lists by order of frequency of response the sub-category for which the Directors of Allied Health Programs assumes total responsibility.

TABLE X

COORDINATING RESPONSIBILITY

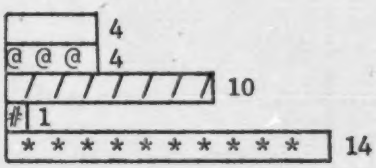
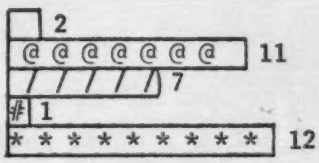
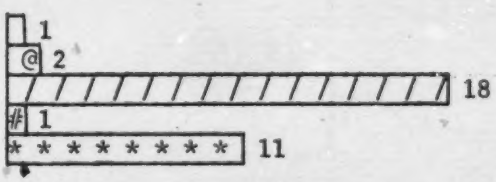
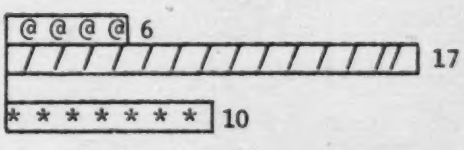
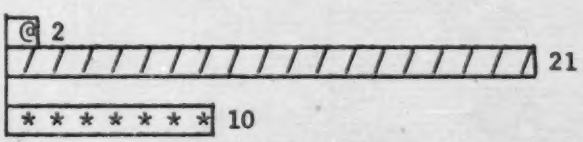
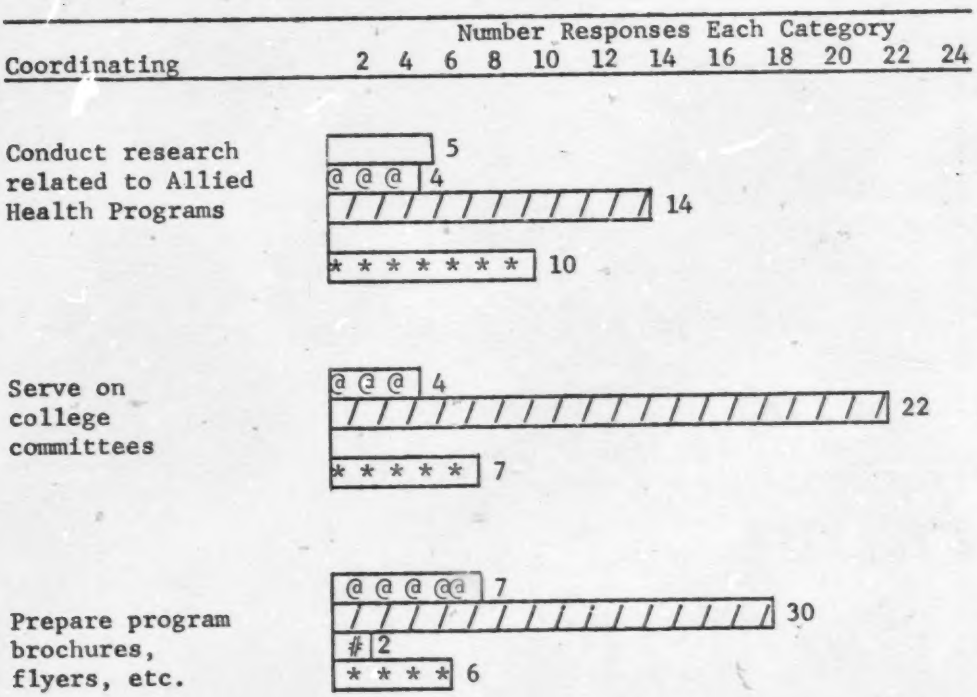
Coordinating	Number Responses Each Category 2 4 6 8 10 12 14 16 18 20 22 24
Coordinates the activities of Allied Health Programs to prepare personnel	
Control the expenditure of funds allocated Allied Health Programs	
Arrange faculty time for participation in professional meetings	
Interpret philosophy, ofjectives and college policies to faculty and students	
Attend community and professional programs outside the college	

TABLE X (Cont'd.)

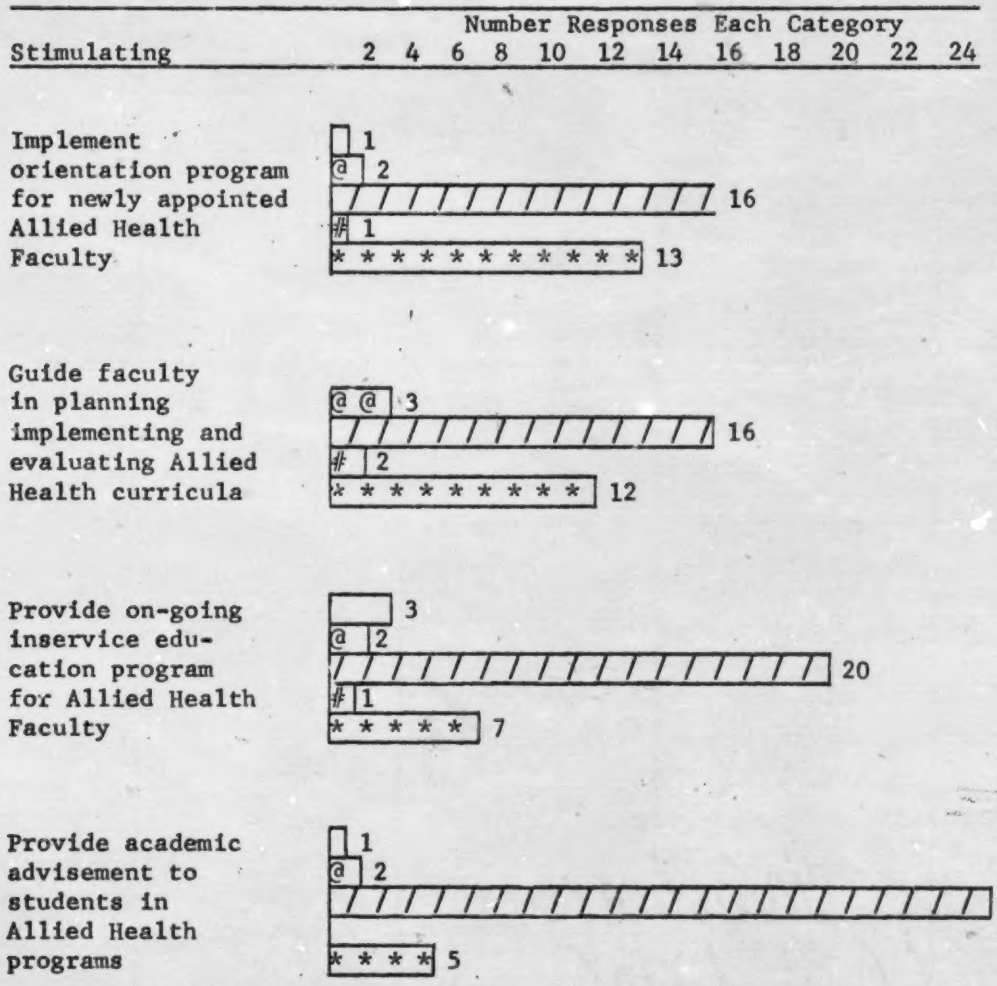
COORDINATING RESPONSIBILITY



Those responsibilities which involved guiding and overseeing subordinates are tabulated under stimulating. Table XI lists by order of frequency of response the sub-category for which the respondents assumed total responsibility.

TABLE XI

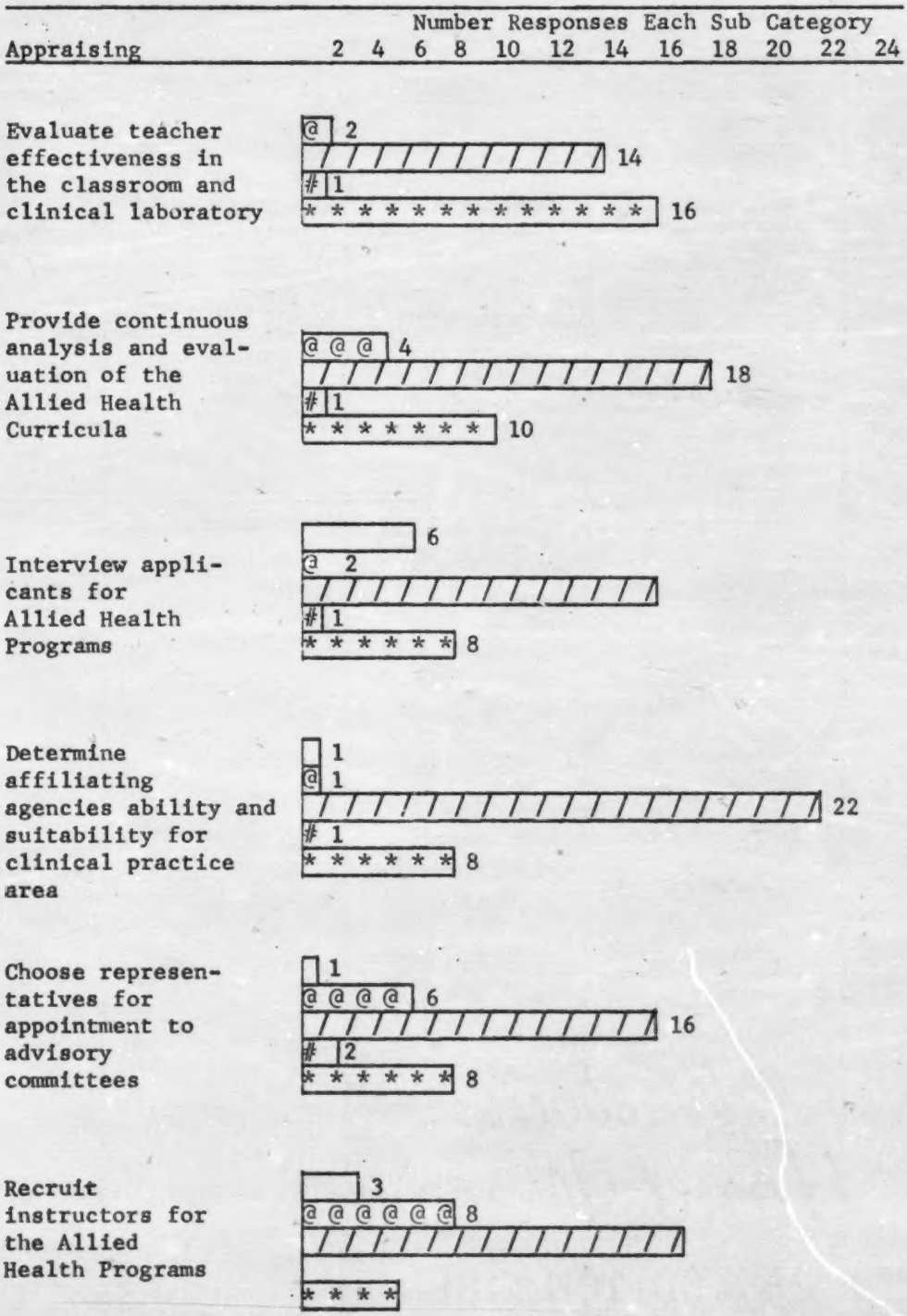
STIMULATING RESPONSIBILITY



The responsibilities relating to determining the effectiveness of the organization are tabulated under appraising. Table XII lists by order of frequency of response the sub-category for which the respondents assumed total responsibility.

TABLE XII

APPRAISING RESPONSIBILITY



The total number of sub-category responses by respondents were: decision making, two hundred thirty one; programming, three hundred ninety six; coordinating, two hundred sixty four; stimulating, one hundred thirty two and appraising, one hundred ninety eight. (Appendix D). As Table XIII illustrates, Directors of Allied Health Programs shared administrative responsibility with staff more frequently than with supervisors. Directors claimed total responsibility for twenty-eight to thirty-five per cent of all administrative decisions.

TABLE XIII

RESPONSIBILITY OF COMMUNITY COLLEGE ALLIED HEALTH PROGRAM DIRECTORS BY ADMINISTRATIVE PROCESS CATEGORY

Administrative Process	Percentage of Responses of Sub Categories: Not Responsible	Shared Responsibility Supervisor	Shared Responsibility Staff	Makes Recommendations Only	Total Responsibility
Decision Making	7%	14%	46%	3%	30%
Programming	4%	15%	44%	2%	35%
Coordinating	5%	15%	48%	2%	30%
Stimulating	4%	9%	58%	3%	28%
Appraising	5%	12%	52%	3%	28%

Too few job descriptions (seven) were submitted for analysis.

X. CONCLUSIONS

1. The Director of Allied Health Programs is not designated officially as an administrator in community colleges.

2. The Director of Allied Health Programs shares responsibility with staff and supervisors for a greater percentage of the administrative responsibilities, while totally responsible for only twenty-eight to thirty-five per cent of delegated administrative tasks.

3. The Director of Allied Health Programs is responsible in forty-two per cent of community colleges responding for a separate division within the college.

INFERENCES

Additional surveys should be made to further identify the administrative responsibility delegated to the Director of Allied Health Programs in community colleges. Investigation should also be directed toward determining the degree of educational administration preparation and the amount of administrative experience Directors of Allied Health Programs in community colleges have had.

XI. RECOMMENDATIONS

It is recommended that:

1. Central administration of community colleges consider the establishment of a separate division of Allied Health Programs.

2. The administrative responsibilities of Directors of Allied Health Programs be officially recognized by the central administration of each community college with such a program.

3. A subsequent study survey the amount of preparation for educational administration and amount of administrative experience as listed by participating Directors of Allied Health Programs.

4. This practicum serve as a pilot study of the role of the Director of Allied Health Programs and that the study be extended to include the Director of the Allied Health Program in every accredited community or junior college.

XII. BIBLIOGRAPHY

Allied Health Education Programs in Junior Colleges, 1970. U.S. Department of Health Education and Welfare, DHEW Publication No. (NIN) 72-163.

Allied Health Education Directory, 1973. American Medical Association. Chicago: American Medical Association, 1973.

Anderson, Miles H., "Making Knowledge Operative in Health Careers," American Vocational Journal, 74:72-76, February, 1974.

Blocker, Clyde E., Plummer, Robert H., and Richardson, Richard C. The Two-Year College: A Social Synthesis. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.

Bureau of Health Professions Education and Manpower Training, Division of Allied Health Manpower, Bethesda, Maryland, 1969.

Burnside, Helen, "Where Should A.D. Nursing Programs Be In The Administrative Structure - With Allied Health?" Associate Degree Education for Nursing, Current Issues, 1973. New York: National League for Nursing, 1973.

Campbell, Ronald F., Corbally, John E., and Ramseyer, John A. Introduction to Educational Administration. Boston: Allyn and Bacon, Inc., 1958.

Cantwell, J. Laurence, "The Galveston Approach to Health Care Education," American Vocational Journal, 74:57-58, January, 1974.

Community and Junior College Directory, 1974. Washington, D.C.: American Association of Community and Junior Colleges, 1974.

Evans, N. Dean, Neagley, Ross L. Planning and Developing Innovative Community Colleges. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1973.

Gililand, J. Richard, "Maximizing Student Success," Community and Junior College Journal: 13-15, March, 1974.

Griffiths, Daniel E., "Administration as Decision Making," Administrative Theory in Education. Edited by Andrew W. Halpin. Chicago: Midwest Administration Center, University of Chicago, 1958.

Keeton, Morris. Shared Authority on Campus. Washington, D.C.: American Association for Higher Education.

Kerr, Elizabeth E., "Health Occupations Education In Iowa," Community and Junior College Journal, 74:9-10, March, 1974.

Kingston, Gordon W., "D.A.O. - Better Than Another Right Hand; Department Administrative Officers," College Management. VI:24-25, June, 1972.

Koehnline, William A. and Blocker, Clyde E., "The Division Chairman in the Community College," Junior College Journal 40, No. 5:9-12, February, 1970.

Lombardi, John, "The Community College Departmental Structure - Direction for the Future," Community College Review, Summer, 1974, pp. 33-38.

O'Grady, J. P., "The Role of the Departmental College Chairman," Junior College Journal. XLI:32-36, February, 1971.

Perry, J. Warren, "The Impotence of Singularity," Associate Degree Education - Current Issues, 1970. Papers Presented at the Third Conference of the Council of Associate Degree Programs." New York: National League for Nursing, 1970.

Pierce, Harmon B., "A Look at the Science Division Head," Junior College Journal, SLI:28-31, November, 1971.

Richardson, Jr., Richard C., Blocker, Clyde E., and Bender, Louis W. Governance for the Two-Year College. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1972.

Richardson, Jr., Richard C., "Departmental Leadership in the Two-Year College," Current Issues in Higher Education. Washington, D.C.: Association for Higher Education, NEA, 1967, pp. 244-288.

Skaggs, K. C., "Health Technology Programs: A Brief Review," Community and Junior College Journal.

Smith, Albert B., "Department Chairman - Neither Fish Nor Fowl," Junior College Journal, 40-43, March, 1972.

Tannenbaum, Robert, Welschler, Irving R., Massarik, Fred. Leadership and Organization. New York: McGraw-Hill Co., 1961.

Tillery, Dale, "Variation and Change in Community College Organizations," Center for Research and Development in Higher Education. Berkeley, California: University of California, 1970.

Topelis, Mary, "The Administrator's Responsibilities and Functions as Perceived by the Administrators of Baccalaureate Nursing Programs," Doctoral Dissertation. New York: Teachers' College, Columbia University, 1968.

APPENDIX A

SURVEY ON ACADEMIC PREPARATION, PLACEMENT IN ORGANIZATIONAL STRUCTURE AND RESPONSIBILITIES OF DIRECTORS OF ALLIED HEALTH PROGRAMS IN COMMUNITY AND JUNIOR COLLEGES

Name of Community or Junior College _____

Name of person completing report _____
Title _____

Please answer each question carefully. Provide a check (✓) in the appropriate areas and a written response when indicated.

1. Indicate your academic preparation
   ____ A. Associate Degree _____
   ____ B. Baccalaureate degree (major) _____
   ____ C. Master's degree (major) _____
   ____ D. Doctorate, Ph.D. (major) _____
   Ed.D. (major) _____

2. In your college's organization structure, is the Allied Health Program
   ____ A. a separate division
   ____ B. a department within the Natural and Allied Science Division
   ____ C. a department within the Division of Life Sciences
   ____ D. a department within the Division of Professional Studies
   ____ E. other _____

3. In your college's organization structure, to whom are you responsible?
   ____ A. President
   ____ B. Vice-President
   ____ C. Dean
   ____ D. Associate Dean

4. As the person responsible for Allied Health Programs, indicate the discipline or departments for which you are responsible.
   ____ A. Associate Degree Nursing
   ____ B. Biomedical Engineering Technician
   ____ C. Dental Assistant
   ____ D. Medical Office Assistant
   ____ E. Medical Laboratory Technician
   ____ F. Operating Room Technician
   ____ G. Practical Nursing
   ____ H. Radiologic Technology
   ____ I. Respiratory Therapy
   and J. _____

5. As the person responsible for Allied Health Programs, indicate the number of departments for whom you are responsible.
   ____ A. 1-2
   ____ B. 3-4
   ____ C. 5-6
   ____ D. 7-8

6. As the person responsible for Allied Health Programs, indicate the number of individuals for whom you are responsible.
   ____ A. 0
   ____ B. 1-5
   ____ C. 6-10
   ____ D. 11-15
   ____ E. 16-20
   ____ F. 21-25
   ____ G. 26-30
   ____ H. 31-35
   ____ I. 36-40
   ____ J. 41-45

7. As the person responsible for the Allied Health Programs, are you required to teach?
   ____ Yes
   ____ No
   If "Yes", do you teach
   ____ A. 3 credit hours
   ____ B. 6 credit hours
   ____ C. 9 credit hours
   ____ D. 12 credit hours, or more

8. As the person responsible for the Allied Health Programs, are you under a
   ____ A. 10 month contract ____ B. 12 month contract ____ C. 10 month contract – teachin
   12 month contract
   administrative

Please complete each item. Choose the response which most accurately describe your job responsibility.

8. Job Responsibilities	NOT RESPONSIBLE A	SHARED RESPONSIBILITY - SUPERIOR B	SHARED RESPONSIBILITY - STAFF C	MAKES RECOMMENDATIONS ONLY D	ASSUMES TOTAL RESPONSIBILITY E
1. Coordinate the activities of the Allied Health Programs to prepare Allied Health Personnel.					
2. Maintain approved standards of education in planning allied health educational programs.					
3. Interpret philosophy, objectives and policies of college to faculty and students.					
4. Guide faculty in planning, implementing and evaluating allied health curricula to achieve objectives.					
5. Maintain quality of instruction for allied health program curricula.					
6. Submit budgetary requirements for the allied health programs to the central administration.					
7. Control the expenditure of funds allocated to the allied health programs.					
8. Provide continuous analysis and evaluation of the allied health curricula.					
9. Arrange affiliations with other educational agencies and health institutions for educational experiences.					
10. Determine the allied health courses to be offered each semester.					
11. Recommend faculty for appointment, promotion, tenure and salary increase.					
12. Attend professional meetings as a representative of the Allied Health Programs of the college.					
13. Maintain appropriate records for allied health programs.					
14. Provide academic advisement to students in allied health programs.					

Job Responsibility (cont'd)	NOT RESPONSIBLE	SHARED RESPONSIBILITY - SUPERIOR	SHARED RESPONSIBILITY STAFF	MAKES RECOMMENDATIONS ONLY	ASSUMES TOTAL RESPONSIBILITY
	A	B	C	D	E
15. Interview applicants for Allied Health Programs.					
16. Attend community and professional programs outside the college					
17. Serve on college committees.					
18. Recruit instructors for the Allied Health Programs.					
19. Develop admission standards for applicants to Allied Health Programs.					
20. Plan curriculum changes.					
21. Plan for long range departmental space and equipment needs.					
22. Prepare program brochures, flyers, etc.					
23. Assign faculty members to academic schedules and course responsibility.					
24. Determine affiliating agency's ability and suitability to serve as a clinical practice area.					
25. Prepare annual contract for review with administrative personnel of cooperating agency for use of facility.					
26. Requisition equipment and supplies for the Allied Health Programs.					
27. Assign offices to faculty members.					
28. Implement orientation program for newly appointed allied health faculty members.					
29. Provide an on-going inservice education program for allied health faculty.					
30. Prepare agenda for faculty and advisory committee meetings.					
31. Choose representatives for appointment to advisory committees.					

Job Responsibility (cont'd)

	NOT RESPONSIBLE	SHARED RESPONSIBILITY - SUPERIOR	SHARED RESPONSIBILITY STAFF	MAKES RECOMMENDATIONS ONLY	ASSUMES TOTAL RESPONSIBILITY
	A	B	C	D	E
32. Arrange time for faculty to participate in conventions, conferences and professional association meetings.					
33. Evaluate teacher effectiveness in the classroom and clinical laboratory.					
34. Identify implications of occupational trends for developing additional allied health programs.					
35. Write Allied Health Program grant proposals to participate in state and federal funding.					
36. Conduct research related to health programs.					
37. Prepare annual progress reports of Allied Health Programs for college administration and licensing and accrediting agencies.					

APPENDIX B

Delaware County Community College
Media, Pennsylvania 19063 353-5400

October 18, 1974

Dear Colleague:

I respectfully request your assistance in identifying the administrative role of the Director of Allied Health Programs in Community and Junior Colleges.

The purpose of this survey is to provide useful information to Directors of Allied Health Programs at the Community and Junior College level. Therefore, a summary of the survey will be forwarded to you upon completion. In addition to its prime purpose, the study will partially fulfill requirements for a doctoral program at Nova University.

Please complete the enclosed questionnaire which deals with the educational background, placement in the organizational structure of the community college and job responsibilities of the Director of Allied Health Programs.

Please provide a check (✓) in the appropriate areas and a written response when indicated. It would be most appreciated if this questionnaire could be returned as soon as possible, so that cumulative results can be returned to you.

Kindly attach a current job description for your position.

Thank you for your cooperation in this endeavor.

Sincerely,

Gilberta M. Trani
Director, Allied Health Programs

APPENDIX C

States	Mailed	Returned	Usable	Not Usable
CONNECTICUT				
1. Jr College of Connecticut	1	1		1
2. Mattatuck CC	1			
3. Norwalk CC JD	1	1	1 RN	
4. Quinnipiac CC JD	1	0	0	
DELAWARE				
1. Delaware Technical CC	1	1 RN	1	
MARYLAND				
1. Allegheny CC				
2. Anne Arundol				
3. Catonsville CC				
4. CC of Baltimore	0	0	0	
5. Essex CC	0	0	0	
6. Frederick CC JD	0	0	0	
7. Hagerstown CC	1	1 RN		
8. Harford CC				
9. Howard CC	0	0	0	
10. Montgomery CC	1	1		1
11. Prince George CC JD	0	0	0	
MASSACHUSETTS				
1. Atlantic University College				
2. Berkshire CC	1	1		1
3. Bristol	0	0	0	
4. Cape Cod CC				
5. Catherine Laboure CC				
6. Greenfield CC				
7. Holyoke CC				
8. Lasell Jr CC				
9. Massasoit CC	0	0	0	
10. Middlesex CC				
11. Mt. Washusett CC JD	0	0	0	
12. Newton CC				
13. Northern Essex CC				
14. North Shore CC	0	0	0	
15. Quinsigamond CC	0	0	0	
16. Springfield Technical CC				
NEW JERSEY				
1. Atlantic City CC	0	0	0	
2. Bergen CC	0	0	0	
3. Brookdale CC	0	0	0	
4. CC of Morris				
5. Cumberland CC				

APPENDIX C (Cont'd.)

States	Mailed	Returned	Usable	Not Usable
NEW JERSEY (cont'd)				
6. Essex CC				
7. Gloucester CC				
8. Mercer County CC	0	0	0	
9. Middlesex CC	0	0	0	
10. Ocean CCC				
11. Passaic CCC				
12. Somerset CC				
NEW YORK				
1. Broome CC				
2. CC of Finger Lakes				
3. Corning CC				
4. Dutchess CC				
5. Erie CC	0	0	0	
6. Fulton-Montgomery CC	1	1		1
7. Genesee	1	1	1 RN	
8. Hostos CC	1	1		1
9. Hudson Valley CC	1	1	1 RN	
10. Jamestown CC				
11. Jefferson CC				
12. Junior College of Albany				
13. Mohawk Valley CC	0	0	0	
14. Nassau CC	1	1	1 RN	
15. Niagara County CC	0	0	0	
16. Onondaga CC				
17. Orange County CC				
18. Suffolk County CC				
19. Ulster County CC				
PENNSYLVANIA				
1. Bucks County CC	1	1	1 RN	
2. Butler County CC JD	0	0	0	
3. CC Beaver County	0	0	0	
4. CC Philadelphia	1	1	1	
5. Harrisburg Area CC	0	0	0	
6. Luzerne County CC	1	1	1 RN	
7. Montgomery County CC	0	0	0	
8. Northampton County CC				
9. Westmoreland County CC	1	1	1 RN	
VIRGINIA				
1. Northern Virginia CC				
2. Virginia Western CC				

APPENDIX D

DECISION MAKING					TOTAL
2	3	12	0	16	33
1	7	9	3	13	33
9	5	6		13	33
1	4	16		12	33
1	1	23		8	33
1	9	15	1	7	33
1	4	22	4	2	33
16	33	103	8	71	231

PROGRAMMING					TOTAL
3	2	9	1	18	33
1	2	13	0	17	33
0	1	16	0	16	33
0	2	17	0	14	33
3	5	11	1	13	33
5	4	11	0	13	33
0	3	17	0	13	33
1	2	16	2	12	33
4	19	1	0	9	33
0	6	15	3	9	33
0	3	27	0	3	33
0	10	20	0	3	33
17	59	173	7	140	396

COORDINAT[illegible]					
4	4	10	1	14	33
2	11	7	1	12	33
1	2	18	1	11	33
	6	17		10	33
	2	21		10	33
5	4	14		10	33
	4	22		7	33
	7	18	2	6	33
12	40	127	5	80	264

STIMULATING					TOTAL
1	2	16	1	13	33
0	3	16	2	12	33
3	2	20	1	7	33
1	2	25	0	5	33
5	9	77	4	37	132

APPRAISING					TOTAL
0	2	14	1	16	33
0	4	18	1	10	33
6	2	16	1	8	33
1	1	22	1	8	33
1	6	16	2	8	33
3	8	17	0	5	33
11	23	103	6	55	198

UNIVERSITY OF CALIF.
LOS ANGELES

DEC 1 / 1976

CLEARINGHOUSE FOR
JUNIOR COLLEGES